



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 5037

<b>SERIAL NUMBER</b> 09/300,959	<b>FILING OR 371(c) DATE</b> 04/27/1999 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1633	<b>ATTORNEY DOCKET NO.</b> 14162.0001U1
<b>APPLICANTS</b> MAURIZIO ZANETTI, LA JOLLA, CA;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/083,154 04/27/1998				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 05/20/1999				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>                    </u> Examiner's Signature <u>                    </u> Initials <u>                    </u>		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 37	<b>TOTAL CLAIMS</b> 33
				<b>INDEPENDENT CLAIMS</b> 5
<b>ADDRESS</b> 23859				
<b>TITLE</b> SOMATIC TRANSGENE IMMUNIZATION AND RELATED METHODS				
<b>FILING FEE RECEIVED</b> 833	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	